## 1550 Gadsden Street Post Office Box 995 Columbia, South Carolina 29202

September 11, 2006

The Honorable Mark Sanford Governor of South Carolina Post Office Box 11829 Columbia, South Carolina 29211

Dear Governor Sanford:

Attached is the South Carolina Employment Security Commission's State Budget request for Fiscal Year 2007-2008. This attachment includes an Executive Summary, two (2) Detailed justifications and two (2) Provisos.

If there are any questions, or if additional information is needed, please contact Charles D. Reeves, Director of Fiscal Affairs, Department of Finance, at 737-2560.

Sincerely,

Roosevelt T. Halley Executive Director

RTH:sc

Attachments

REF: AS-4

### FISCAL YEAR 2007-08 BUDGET PLAN

### I. EXECUTIVE SUMMARY

- A. Agency Section/Code/Name: Section 51/R60/Employment Security Commission
- B. Statewide Mission: The mission of the South Carolina Employment Security Commission is to provide quality, customer-driven workforce services that promotes financial stability and economic growth.
- C. Summary Description of Strategic or Long-Term Goals:
- (1) To increase the number of employer job openings
- (2) To increase the number of applicants employed
- (3) To increase the percentage of claimants entering employment

D.

| Summary of Operating Budget |   |            | F         | UNDING  |       |           |       | FTE  | S     |       |
|-----------------------------|---|------------|-----------|---------|-------|-----------|-------|------|-------|-------|
| Priorities                  | for FY 2007-08:                           | State Non- | State     |         |       |           |       |      |       |       |
|                             |   | Recurring  | Recurring | Federal | Other | Total     | State | Fed. | Other | Total |
| Priority<br>No.: 1          | Title: SC Occupational Information System |            |           |         |       |           |       |      |       |       |
| Strategic                   | Goal No. Referenced in                    |            | \$385,600 |         |       | \$385,600 |       |      |       |       |
| Item C Al                   | oove (if applicable):                     |            |           |         |       |           |       |      |       |       |
| Activity N<br>SCOIS         | Number & Name: 1432                       |            |           |         |       |           |       |      |       |       |
| Priority                    | Title:                                    |            |           |         |       |           |       |      |       |       |
| No.:                        |   |            |           |         |       |           |       |      |       |       |
| Strategic                   | Goal No. Referenced in                    |            |           |         |       |           |       |      |       |       |
| Item C Al                   | oove ( <i>if applicable</i> ):            |            |           |         |       |           |       |      |       |       |
| Activity N                  | Number & Name:                            |            |           |         |       |           |       |      |       |       |
| Priority                    | Title:                                    |            |           |         |       |           |       |      |       |       |
| No.:                        |   |            |           |         |       |           |       |      |       |       |
| Strategic                   | Goal No. Referenced in                    |            |           |         |       |           |       |      |       |       |
| Item C Al                   | oove (if applicable):                     |            |           |         |       |           |       |      |       |       |
| Activity N                  | Number & Name:                            |            |           |         |       |           |       |      |       |       |

| <b>Summary of Operating Budget</b> |            | FUNDING   |         |       |           |       | FTEs |       |       |
|------------------------------------|------------|-----------|---------|-------|-----------|-------|------|-------|-------|
| Priorities for FY 2007-08:         | State Non- | State     |         |       |           |       |      |       |       |
|                                    | Recurring  | Recurring | Federal | Other | Total     | State | Fed. | Other | Total |
|                                    |            |           |         |       |           |       |      |       |       |
| TOTAL OF ALL PRIORITIES            |            | \$385,600 |         |       | \$385,600 |       |      |       |       |

E. Agency Recurring Base Appropriation:

State \$ 437,557 Federal\$ 64,619,365 Other \$ 16,281,397

F. Efficiency Measures: 2005 – 2006 Accountability Report

Page 1; Section I – Executive Summary 2. Major Achievements

### G. N/A

| Summary of    | Capital Budget Priorities:            |              | Additional<br>State Funds | Previously<br>Authorized State<br>Funds | Total Other<br>Fund<br>Sources | Project<br>Total |
|---------------|---------------------------------------|--------------|---------------------------|---|--------------------------------|------------------|
| Priority No.: | Project Name: Activity Number & Name: | Project No*: | 0                         | 0                                       | 0                              | \$ 0             |
| Priority No.: | Project Name: Activity Number & Name: | Project No*: | 0                         | 0                                       | 0                              | \$ 0             |
| Priority No.: | Project Name: Activity Number & Name: | Project No*: | 0                         | 0                                       | 0                              | \$ 0             |
| TOTAL OF A    | ALL CAPITAL BUDGET PRIORIT            | IES          | \$ 0                      | \$ 0                                    | \$ 0                           | \$ 0             |

<sup>\*</sup> If applicable

H. Number of Proviso Changes: 2

I. Signature/Agency Contacts/Telephone Numbers: Charles D. Reeves; Director of Fiscal Affairs; 737-2560; dreeves@sces.org

Roosevelt T. Halley, Executive Director

#### II. DETAILED JUSTIFICATION FOR FY 2007-08 OPERATING BUDGET PRIORITIES

| A. Agency Section/Code/Name: Section 51/R60/Employment Secur | ity Commission |
|--|----------------|
|--|----------------|

- B. Priority No. \_1\_ of \_1\_\_
- C. (1) Title: South Carolina's Career Information System
- (2) Summary Description: SCOIS is South Carolina's Career Information System as authorized under the Law. SCOIS was established in 1978 and serves all eighty-five of South Carolina's school districts. SCOIS is the only comprehensive career guidance system in the state. It offers among other things, college and career information and future demand for careers in South Carolina and across the Country. The SCOIS system takes a student through the entire process of career development from grades 6-12. The SCOIS system can be used for most every career guidance activity used by school staff, students and parents.
  - (3) Strategic Goal/Action Plan (if applicable): N/A
- D. Budget Program Number and Name: IV SC Occupational Information System
- E. Agency Activity Number and Name: 1432 SC Occupational Information System
- F. Detailed Justification for Funding See Attachment
  - (1) Justification for Funding Increase:

(2)

| FY 2007-08 Cost Estimates: | State<br>Non-Recurring<br>Funds | State<br>Recurring<br>Funds | Federal | Other | Total     |
|----------------------------|---------------------------------|-----------------------------|---------|-------|-----------|
| Personnel:                 |                                 |                             |         |       |           |
| (a) Number of FTEs*        |                                 |                             |         |       |           |
| (b) Personal Service       |                                 |                             |         |       |           |
| (c) Employer Contributions |                                 |                             |         |       |           |
|                            |                                 |                             |         |       |           |
| Program/Case Services      |                                 |                             |         |       |           |
| Pass-Through Funds         |                                 |                             |         |       |           |
| Other Operating Expenses   |                                 | \$385,600                   |         |       | \$385,600 |

| Total                          | \$ 0                | \$385,600         | \$ 0             | \$ 0       | \$385,600 |
|--------------------------------|---------------------|-------------------|------------------|------------|-----------|
| * If new FTEs are needed, plea | se complete Section | G (Detailed Justi | ification for FT | Es) below. |           |

(3) Base Appropriation:

State \$ 437,557 Federal \$ -0-Other \$ 388,660

- (4) Is this priority associated with a Capital Budget Priority? No If yes, state Capital Budget Priority Number and Project Name: \_\_\_\_\_\_.
- G. Detailed Justification for FTEs N/A
  - (1) Justification for New FTEs
    - (a) Justification:
    - (b) Future Impact on Operating Expenses or Facility Requirements:
  - (2) Position Details:

|                            | State | Federal | Earmarked | Restricted | Total |
|----------------------------|-------|---------|-----------|------------|-------|
| Position Title:            |       |         |           |            |       |
| (a) Number of FTEs         |       |         |           |            | 0.00  |
| (b) Personal Service       |       |         |           |            | \$ 0  |
| (c) Employer Contributions |       |         |           |            | \$ 0  |

|                            | State | Federal | Earmarked | Restricted | Total |
|----------------------------|-------|---------|-----------|------------|-------|
| Position Title:            |       |         |           |            |       |
| (a) Number of FTEs         |       |         |           |            | 0.00  |
| (b) Personal Service       |       |         |           |            | \$ 0  |
| (c) Employer Contributions |       |         |           |            | \$ 0  |

| (3) | FTEs in Program | Area per FY | 2006-07 | Appropriation | Act: |
|-----|-----------------|-------------|---------|---------------|------|
|-----|-----------------|-------------|---------|---------------|------|

 State
 -0 

 Federal
 -0 

 Other
 5.0

| <b>Agency-wide</b> | Vacant FTEs | as of July 31, 2006: | 203 |
|--------------------|-------------|----------------------|-----|
|                    |             |                      |     |

% Vacant <u>18.5</u> %

# H. Other Comments:

# III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES – N/A

| Agency Section/Code/Name: Sec   | ction 51/R60/Employme  | ent Security Commission  |  |  |
|---|--|--|--|--|
| Priority No of  |  |  |  |  |
| Strategic Goal/Action Plan (if app  | olicable):   |  |  |  |
| Project Name and Number (if app   | olicable):   |  |  |  |
| Agency Activity Number and Nan  | me:  |  |  |  |
| Description of Priority:  |  |  |  |  |
| Detailed Justification for Funding  |  |  |  |  |
| ) Justification for Funding Priorit   | y:   |  |  |  |
| -   |  |  |  |  |
| Total Project Cost Estimates:   | Additional<br>State Funds  | Previously Authorized<br>State Funds   | Total Other<br>Fund Sources  | Project<br>Total   |
| Total Project Cost*   |  |  |  | \$   |
| H and I (Justification for Additional Additional Additional Additional Additional State Funds I | onal Future Annual Operosts be absorbed into you be needed in the future?  | erating Costs) below.  erating Costs:  our existing budget?  | roject completion pieuse (   | сотриче Бесион   |
| ) First Fiscal Year Additional Annu   | al Operating Costs Are   | Anticipated: W   |  | e a partial or full  |
|   | Priority No of  Strategic Goal/Action Plan (if app Project Name and Number (if app Agency Activity Number and Name Description of Priority:  Detailed Justification for Funding  Justification for Funding Priorit  Total Project Cost Estimates:  Total Project Cost*  * If additional annual operating H and I (Justification for Additional State funds I I I I I I I I I I I I I I I I I I I | Priority No of  Strategic Goal/Action Plan (if applicable):  Project Name and Number (if applicable):  Agency Activity Number and Name:  Description of Priority:  Detailed Justification for Funding  Justification for Funding Priority:  Total Project Cost | Strategic Goal/Action Plan (if applicable):  Project Name and Number (if applicable):  Agency Activity Number and Name:  Description of Priority:  Detailed Justification for Funding  Justification for Funding Priority:  Total Project Cost | Priority No of  Strategic Goal/Action Plan (if applicable):  Project Name and Number (if applicable):  Agency Activity Number and Name:  Description of Priority:  Detailed Justification for Funding  Justification for Funding Priority:  Total Project Cost |

(3)

| Additional Annual Operating Cost Details: | State<br>Non-Recurring | State<br>Recurring | Federal | Other | Total |
|---|------------------------|--------------------|---------|-------|-------|
| Total Costs:                              |                        |                    |         |       |       |
| (a) Number of FTEs                        |                        |                    |         |       | 0.00  |
| (b) Total Personnel Costs                 |                        |                    |         |       | \$ 0  |
| (c) Furniture/Equipment                   |                        |                    |         |       | \$ 0  |
| (d) Other Operating Costs                 |                        |                    |         |       | \$ 0  |
|   |                        |                    |         |       |       |
| Total                                     | \$ 0                   | \$ 0               | \$ 0    | \$ 0  | \$ 0  |

| I. | Justification for First Full Year Additional Future Annual Operating Costs (If Section H above represents a full year's operating funds, do |
|----|---|
|    | not complete this section.)   |

| (1) | Will additional annual operating costs be absorbed into your existing budget?             |
|-----|---|
|     | If not, will additional state funds be needed in the future?                              |
|     | If state funds will not be needed in the future, explain the source(s) that will be used. |

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: \_\_\_\_\_

(3)

| Additional Annual Operating Cost Details: | State<br>Non-Recurring | State<br>Recurring | Federal  | Other   | Total |
|---|------------------------|--------------------|----------|---------|-------|
| Total Costs:                              | Tion Recuiring         | Recuiring          | 1 cuciui | - Cinci | 1000  |
| (a) Number of FTEs                        |                        |                    |          |         | 0.00  |
| (b) Total Personnel Costs                 |                        |                    |          |         | \$ 0  |
| (c) Furniture/Equipment                   |                        |                    |          |         | \$ 0  |
| (d) Other Operating Costs                 |                        |                    |          |         | \$ 0  |
|   |                        |                    |          |         |       |
| Total                                     | \$ 0                   | \$ 0               | \$ 0     | \$ 0    | \$ 0  |

J. Other Comments:

### FY 2007-08 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

#### I. 2% COST SAVINGS ASSESSMENT

- A. Agency Section/Code/Name: Section 51/R60/Employment Security Commission
- B. Agency Activity Number and Name: 1432 SC Occupational Information System
- C. Explanation of Cost Savings Initiative: This is the only priority which we listed for our agency requiring state funds. Our budget reflects the bare minimum of the services we provide to South Carolinians. We did not inflate extra dollars to provide services we otherwise do not provide. This cost savings would in fact be a decrease in much needed training for school administrators.
- D. Estimate of Savings: Cost savings would be \$8,751 of State General Funds. This amount would affect operating costs.

| FY 2007-08 Cost<br>Savings Estimates: | General | Federal | Other | Total   |
|---------------------------------------|---------|---------|-------|---------|
| Personnel:                            |         |         |       |         |
| (a) Number of FTEs                    |         |         |       | 0.00    |
| (b) Personal Service                  |         |         |       | \$ 0    |
| (c) Employer Contributions            |         |         |       | \$ 0    |
|                                       |         |         |       |         |
| Program/Case Services                 |         |         |       | \$ 0    |
| Pass-Through Funds                    |         |         |       | \$ 0    |
| Other Operating Expenses              | \$8,751 |         |       | \$8,751 |
|                                       |         |         |       |         |
| Total                                 | \$8,751 | \$ 0    | \$ 0  | \$8,751 |

E. Activity Impact (Describe the impact on the activity affected including the impact on customers and clients.):

2% cut is equal to \$8,751 of our general funds. This "cost savings" would amount to a cut in our training activities. Specifically, we would be forced to cut training for our Freshman Transition Course which is provided fro school administrators. The SCOICC is the only provider of such a course in South Carolina. The end result of this cut in funding would be administrators would go un-trained.

`

F.

| <b>Summary of Cost Savings</b>                       |         | FUNDI   | NG    |         | FTEs  |      |       |       |
|--|---------|---------|-------|---------|-------|------|-------|-------|
| Initiatives for FY 2007-08:                          |         |         |       |         |       |      |       |       |
|  | General | Federal | Other | Total   | State | Fed. | Other | Total |
| Initiative Title: SC Occupational Information System |         | 0       | 0     |         | 0     | 0    | 0     | 0.00  |
| Activity Number & Name: 1432 scois                   | \$8,751 |         |       | \$8,751 |       |      |       |       |
| Initiative Title:                                    | 0       | 0       | 0     | \$ 0    | 0     | 0    | 0     | 0.00  |
| Activity Number & Name:                              |         |         |       |         |       |      |       |       |
| Initiative Title:                                    | 0       | 0       | 0     | \$ 0    | 0     | 0    | 0     | 0.00  |
| Activity Number & Name:                              |         |         |       |         |       |      |       |       |
| TOTAL OF ALL INITIATIVES                             | \$8,751 | \$ 0    | \$ 0  | \$8,751 | 0.00  | 0.00 | 0.00  | 0.00  |

## FY 2007-08 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

### II. PRIORITY ASSESSMENT OF AGENCY ACTIVITIES

A. Agency Section/Code/Name: Section 51/R60/Employment Security Commission

B. Agency Activity Number and Name: 1432 SC Occupational Information System

C. Explanation of Lowest Priority Status:

## D. Estimate of Savings:

| Estimate of Savings:       | General | Federal | Supplemental | Capital<br>Reserve | Other | Total   |  |
|----------------------------|---------|---------|--------------|--------------------|-------|---------|--|
| Personnel:                 |         |         |              |                    |       |         |  |
| (a) Number of FTEs         | 0       | 0       | 0            | 0                  | 0     | 0.00    |  |
| (b) Personal Service       | 0       |         | 0            | 0                  | 0     | \$ 0    |  |
| (c) Employer Contributions | 0       |         | 0            | 0                  | 0     | \$ 0    |  |
| Program/Case Services      | 0       | 0       | 0            | 0                  | 0     | \$ 0    |  |
| Pass-Through Funds         | 0       | 0       | 0            | 0                  | 0     | \$ 0    |  |
| Other Operating Expenses   | \$8,751 | 0       | 0            | 0                  | 0     | \$8,751 |  |
|                            |         |         |              |                    |       |         |  |
| Total                      | \$8,751 | \$ 0    | \$ 0         | \$ 0               | \$ 0  | \$8,751 |  |

E. Activity Impact (Describe the impact on the activity affected including the impact on customers and clients.):

F.

| <b>Summary of Priority Assessment of</b> |         |         |              | Capital |       |         |             |
|--|---------|---------|--------------|---------|-------|---------|-------------|
| Activities                               | General | Federal | Supplemental | Reserve | Other | Total   | <b>FTEs</b> |
| Activity Number & Name: 1432 scors       | \$8,751 | 0       | 0            | 0       | 0     | \$8,751 | 0           |
| Activity Number & Name:                  | 0       | 0       | 0            | 0       | 0     | \$ 0    | 0           |
| Activity Number & Name:                  | 0       | 0       | 0            | 0       | 0     | \$ 0    | 0           |
| Activity Number & Name:                  | 0       | 0       | 0            | 0       | 0     | \$ 0    | 0           |
| Activity Number & Name:                  | 0       | 0       | 0            | 0       | 0     | \$ 0    | 0           |
| TOTAL OF LOWEST PRIORITES                | \$8,751 | \$ 0    | \$ 0         | \$ 0    | \$ 0  | \$8,751 | 0.00        |